

K070 958

APR 23 2007

510(k) Summary

**ArthroCare Corporation
ArthroCare ArthroWands**

Page 1 of 3

General Information

Submitter Name/Address: ArthroCare Corporation
680 Vaqueros Avenue
Sunnyvale, CA 94085-3523

Establishment Registration Number: 2951580

Contact Person: Valerie Defiesta-Ng
Director, Regulatory Affairs

Date Prepared: April 3, 2007

Device Description

Trade Name: ArthroCare® ArthroWands®

Generic/Common Name: Electrosurgical Device and Accessories

Classification Name: Electrosurgical Cutting and Coagulation
Device and Accessories (21 CFR 878.4400)

Predicate Devices

ArthroCare® ArthroWands® K052686

Product Description

The ArthroCare ArthroWands are bipolar, single use, high frequency electrosurgical devices designed for specific indications in arthroscopic and orthopedic procedures.

Intended Uses

The ArthroCare ArthroWands are indicated for resection, ablation, and coagulation of soft tissue and hemostasis of blood vessels in arthroscopic and orthopedic procedures:

Arthroscopic and Orthopedic Procedures		Joint Specific or All Joints (ankle, elbow, hip, knee, shoulder, and wrist)
<i>Ablation and Debridement</i>		
• ACL/PCL		Knee
• Acromioplasty		Shoulder
• Articular Cartilage		All Joints
• Bursectomy		All Joints
• Chondroplasty		All Joints
• Facia		All Joints
• Ligament		All Joints
• Notchplasty		Knee
• Scar Tissue		All Joints
• Soft Tissue		All Joints
• Subacromial Decompression		Shoulder
• Synovectomy		All Joints
• Tendon		All Joints
<i>Excision and Resection</i>		
• Acetabular Labrum		Hip
• Articular Labrum		All Joints
• Capsule		All Joints
• Capsular Release		Knee
• Cartilage Flaps		Knee
• Cysts		All Joints
• Discoid Meniscus		Knee
• Frozen Shoulder Release		Shoulder
• Glenoidale Labrum		Shoulder
• Lateral Release		Knee
• Ligament		All Joints
• Loose Bodies		All Joints
• Meniscal Cystectomy		Knee
• Meniscectomy		Knee

Continued

Arthroscopic and Orthopedic Procedures	Joint Specific or All Joints (ankle, elbow, hip, knee, shoulder, and wrist)
• Plica Removal	All Joints
• Scar Tissue	All Joints
• Soft Tissue	All Joints
• Synovial Membrane	All Joints
• Tendon	All Joints
• Triangular Fibrocartilage (TFCC)	Wrist
• Villusctomy	Knee
Coagulation	
• ACL/PCL	Knee
• Articular Cartilage	All Joints
• Carpal Ligaments	Wrist
• Glenohumeral Capsule	Shoulder
• Ligament	All Joints
• Medial Retinaculum	Knee
• Rotator Cuff	Shoulder
• Tendon	All Joints
• Wrist Tendons	Wrist

Substantial Equivalence

This Special 510(k) proposes modifications in material for the ArthroCare ArthroWands, which were previously cleared in K052686 (October 5, 2005). The indications for use, technology, principle of operation, and sterilization parameters of the ArthroCare ArthroWands remain the same as in the predicate cleared 510(k)s.

Summary of Safety and Effectiveness

The modified ArthroCare ArthroWands, as described in this Special 510(k), are substantially equivalent to the predicate device. The proposed modification in the material is a not substantial change or modification, and does not significantly affect the safety or efficacy of the devices.



Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

APR 23 2007

Arthrocare Corporation
% Ms. Valerie Defiesta-Ng
Director, Regulatory Affairs
680 Vaqueros Avenue
Sunnyvale, California 94085-3523

Re: K070958

Trade/Device Name: ArthroCare® ArthroWands®

Regulation Number: 21 CFR 878.4400

Regulation Name: Electrosurgical cutting and coagulation device and accessories

Regulatory Class: II

Product Code: GEI

Dated: April 3, 2007

Received: April 5, 2007

Dear Ms. Defiesta-Ng:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

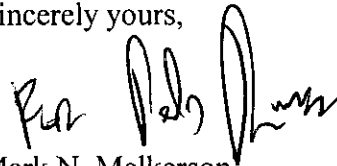
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

Page 2 – Ms. Valerie Defiesta-Ng

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (240) 276-3150 or at its Internet address <http://www.fda.gov/cdrh/industry/support/index.html>.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Mark N. Melkerson', is written over a horizontal line.

Mark N. Melkerson

Director

Division of General, Restorative
and Neurological Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

Indications for Use Statement

510(k) Number: K. 070958

Device Name ArthroCare® ArthroWands®

Page 1 of 2

Indications for Use:

The ArthroCare ArthroWands are indicated for resection, ablation, and coagulation of soft tissue and hemostasis of blood vessels in arthroscopic and orthopedic procedures:

Arthroscopic and Orthopedic Procedures		Joint Specific or All Joints (ankle, elbow, hip, knee, shoulder, and wrist)
<i>Ablation and Debridement</i>		
• ACL/PCL		Knee
• Acromioplasty		Shoulder
• Articular Cartilage		All Joints
• Bursectomy		All Joints
• Chondroplasty		All Joints
• Facia		All Joints
• Ligament		All Joints
• Notchplasty		Knee
• Scar Tissue		All Joints
• Soft Tissue		All Joints
• Subacromial Decompression		Shoulder
• Synovectomy		All Joints
• Tendon		All Joints
<i>Excision and Resection</i>		
• Acetabular Labrum		Hip
• Articular Labrum		All Joints
• Capsule		All Joints
• Capsular Release		Knee
• Cartilage Flaps		Knee
• Cysts		All Joints
• Discoid Meniscus		Knee
• Frozen Shoulder Release		Shoulder
• Glenoidale Labrum		Shoulder
• Lateral Release		Knee
• Ligament		All Joints
• Loose Bodies		All Joints
• Meniscal Cystectomy		Knee
• Meniscectomy		Knee

K070958

Page 2 of 2

Continued

Arthroscopic and Orthopedic Procedures	Joint Specific or All Joints (ankle, elbow, hip, knee, shoulder, and wrist)
• Plica Removal	All Joints
• Scar Tissue	All Joints
• Soft Tissue	All Joints
• Synovial Membrane	All Joints
• Tendon	All Joints
• Triangular Fibrocartilage (TFCC)	Wrist
• Villusctomy	Knee
Coagulation	
• ACL/PCL	Knee
• Articular Cartilage	All Joints
• Carpal Ligaments	Wrist
• Glenohumeral Capsule	Shoulder
• Ligament	All Joints
• Medial Retinaculum	Knee
• Rotator Cuff	Shoulder
• Tendon	All Joints
• Wrist Tendons	Wrist

Prescription Use
(Part 21 CFR 801 Subpart D)

X

AND/OR

Over-The-Counter Use
(21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)



(Division Sign-Off)

Division of General, Restorative,
and Neurological Devices

510(k) Number

K070958